

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-02-3466.M4**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

**I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$593.48 for date of service 11/15/01?
- b. The request was received on 02/13/02.

**II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution dated 01/14/02
  - b. HCFA(s)
  - c. EOB/TWCC 62 forms/Medical Audit summary
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and/or Response to a Request for Dispute Resolution dated 04/23/02
  - b. HCFA(s)
  - c. Medical Audit summary/EOB/TWCC 62 form
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 04/09/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 04/12/02. The response from the insurance carrier was received in the Division on 04/23/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor:

- a. “We have received your payment for the above-mentioned date of service. However, we feel that there has been an error in the processing of this claim. This claim is for a custom formed knee brace, priced at \$1800.00 and training/fitting fees for this item priced at \$150.00. We have been reimbursed \$1086.52 toward the knee brace and \$0 toward the training and fitting fees. Enclosed you find copies of the claim, EOB, pre-authorization request (which has the purchase price on it), the pre-authorization letter, and examples where these items have been paid at a higher percentage.” The provider is seeking additional reimbursement in the amount of \$593.48 for the date of service 11/15/01.

2. Respondent:

- a. “Under the Medical Fee Guidelines, there is no CPT Code 97504. In its first EOB dated December 3, 2001, Self-Insured noted that the CPT Code was invalid. Provider resubmitted its billing request without changing the CPT Code. Rule 133.301 (b) prevents Self-Insured from changing the billing code on a medical or reimburse treatment at another billing code’s value unless there is an agreement between the parties. As such, Self-Insured cannot reimburse Provider for a CPT Code that does not exist. For CPT Code L1858, there is no Maximum Allowable Reimbursement amount. Provider must first establish that it is fair and reasonable to receive \$1,530.00 for the provided healthcare services. See 28 TAC § 133.307(g)(3)(D). This is not established by merely stating this amount is fair and reasonable. Rule 133.307(g)(3)(D) provides that Provider must provide documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with 133.1 and 134.10. Provider does not provide documentation to show that \$1,530.00 is fair and reasonable and that \$1,086.52 is unfair and reasonable.”

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 11/15/01.
2. The provider billed \$1,680.00 for the date of service 11/15/01.
3. The carrier reimbursed the provider \$1,086.52 for the date of service 11/15/01.
4. The amount in dispute is \$593.48 for the date of service 11/15/01.

5. The denial codes on the submitted EOB are M-“NO MAR SET BY TWCC-REDUCED TO FAIR AND REASONABLE THE AUDIT WILL STAND AS INITIALLY EVALUATED ALLOWANCE WITHOUT SUPPLY HOUSE INVOICE. F-FEE GUIDELINE MAR REDUCTION TREATMENT APPEARS TO BE OUT OF SCOPE AND LICENSURE OF PROVIDER CPT CODE NOT PER TEXAS FEE SCHEDULE RECODE AND RESUBMIT FOR AUDIT 97504 INVALID CPT CODE.”
6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
11/15/01	L1858	\$1,530.00	\$1,086.52	M	DOP	MFG GI (VI) TWCC Rule 133.307(g)(3)(D)	The provider submitted one EOB from another insurance carrier to indicate fair and reasonable. There is not enough evidence submitted to determine a fair and reasonable rate. Therefore, additional reimbursement is not recommended.
11/15/01	97504	\$150.00	\$0.00	F	No MAR CPT code is not listed in the MFG.	TWCC Rule 133.301(b)	According to the referenced Rule: “Neither the insurance carrier nor the carrier’s agent shall change a billing code on a medical bill or reimburse treatment(s) and/or service(s) at another billing code’s value unless the insurance carrier contacts the sender of the bill and the sender agrees to the change.” There is no evidence that the sender of the bill and the carrier agreed to change the billed CPT code 97504. The provider’s reconsideration HCFA also reflects CPT code 97504 and CPT code 97504 is not listed in the MFG. Therefore, reimbursement is not recommended.
<b>Totals</b>		\$1,680.00	\$1,086.52				The Requestor <b>is not</b> entitled to reimbursement.

The above Findings and Decision are hereby issued this 31st day of May 2002.

Michael Bucklin, LVN  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers’ Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.